☐ Marsy's Law CVI FL. Const. Art.1 § 16(b)

23mm00131(6r4x44mp

ARREST/NOTICE TO APPEAR
Juvenile Referral Report

1. Arrest 2. N.T.A. 3. Request for Warrant 4. Request for Capias | 3 | Juvenile | N

ADMINISTRATIVE

OBTS Number:

Agency ORI Number: FLO 500000

Agency Name: PALM BEACH COUNTY SHERIFF'S OFFICE

Agency Report Number: 06- 23-030178

ChargeType: Check as many as apply. ☐ 1. Felony ☐ 2. Traffic Felony ☒ 3. Misdemeanor ☐ 4. Traffic Misdemeanor ☐ 5. Ordinance ☐ 6. Other

Weapon Seized / Type: 1. Yes 2. No

Multiple Clearance Indicator:

Location of Arrest (Including Name of Business):

Location of Offense (Business Name, Address): 39 MANSFIELD A Boca Raton, FL 33434

Date of Arrest	Time of Arrest	Booking Date	Booking Time	Jail Date	Jail Time	Location of Vehicle

DEFENDANT

Name (Last)	(First)	(Middle)	Alias (Name, DOB, Soc. Sec. #, Etc.)
BROWN	,IRA	, SETH	

Race (W - White I - American Indian, B - Black 0- Oriental/Asian)	Sex	Date of Birth	Height	Weight	Eye Color	Hair Color	Complexion	Build
W	M	03/18/1958	280	5'10	BROWN	BLACK	PALE	LARGE

Scars, Marks, Tatoos, Unique Physcal Features (Location, Type, Description):

Marital Status: Single | Religion: UK | Indication of: Alcohol Influence Y ☐ N ☐ Unk. ☒; Drug Influence Y ☐ N ☐ Unk. ☒

Local Address (Street, Apt. Number)	(City)	(State)	(Zip)	Phone	Residence Type: 1. City 2. County 3. Florida 4. Out of State
4042 Hythe C	BOCA RATON, FL, 33434			646-708-3259	2

Permanent Address (Street, Apt. Number)	(City)	(State)	(Zip)	Phone	Address Source
4042 Hythe C	BOCA RATON, FL, 33434			646-708-3259	FL DL

Business Address (Name, Street)	(City)	(State)	(Zip)	Phone	Occupation
					UK

D/L Number, State	Soc. Sec. Number	INS Number	Place of Birth (City, State)	Citizenship
B650417580980	[redacted]		NEW YORK, NEW YORK	US

CO-DEF

Co-Defendant Name (Last, First, Middle)	Race	Sex	Date of Birth	☐ 1. Arrested ☐ 2. At Large	☐ 3. Felony ☐ 4. Misdemeanor ☐ 5. Juvenile
Co-Defendant Name (Last, First, Middle)	Race	Sex	Date of Birth	☐ 1. Arrested ☐ 2. At Large	☐ 3. Felony ☐ 4. Misdemeanor ☐ 5. Juvenile

JUVENILE

☐ Parent ☐ Legal ☐ Other: (Last) (First) (Middle) Residence Phone

Address (Street, Apt. Number) (City) (State) (Zip) Business Phone

Notified by: (Name) Date Time Juvenile Disposition: 1. Handled/ processed within Dept. and Released. 2. TOT HRS / DYS 3. Incarcerated

Released To: (Name) Relationship Date Time

The above address provided by ☐ defendant and / or ☐ defendant's parents The child and / or parent was told to keep the Juvenile Court Clerk (Phone 355-2526) informed of any change of address. ☐ Yes, by: (Name) ☐ No: (Reason)

School Attended Grade

Property Crime? ☐ Yes ☐ No Description of Property Value of Property

CODE

Drug Activity: N. N/A P. Possess S. Sell B. Buy T. Traffic R. Smuggle D. Deliver E. Use K. Dispense/ Distribute M. Manufacture/ Produce/ Cultivate Z. Other

Drug Type: N. N/A A. Amphetamine B. Barbiturate C. Cocaine E. Heroin H. Hallucinogen M. Marijuana O. Opium/Deriv. P. Paraphernalia/ Equipment S. Synthetics U. Unknown Z. Other

CHARGE

Charge Description	Counts	Domestic Violence	Statute Violation Number	Violation of ORD #
Battery (Domestic)	1	☒Y ☐N	784.03(1a1)	

Drug Activity	Drug Type	Amount / Unit	Offense #	Warrant I Capias Number	Bond
N	N		23-030178		

CHARGE

Charge Description	Counts	Domestic Violence	Statute Violation Number	Violation of ORD #
		☐Y ☐N		

Drug Activity	Drug Type	Amount / Unit	Offense #	Warrant / Capias Number	Bond

CHARGE

Charge Description	Counts	Domestic Violence	Statute Violation Number	Violation of ORD #
		☐Y ☐N		

Drug Activity	Drug Type	Amount / Unit	Offense #	Warrant / Capias Number	Bond

CHARGE

Charge Description	Counts	Domestic Violence	Statute Violation Number	Violation of ORD #
		☐Y ☐N		

Drug Activity	Drug Type	Amount / Unit	Offense #	Warrant / Capias Number	Bond

NOTICE TO APPEAR

Location (Court, Room Number, Address)

Court Date and Time: Month Day Year Time AM ☐ PM ☐

I AGREE TO APPEAR AT THE TIME AND PLACE DESIGNATED TO ANSWER THE OFFENSE CHARGED OR TO PAY THE FINE SUBSCRIBED. I UNDERSTAND THAT SHOULD I WILLFULLY FAIL TO APPEAR BEFORE THE COURT AS REQUIRED BY THIS **NOTICE TO APPEAR,** THAT I MAY BE HELD IN CONTEMPT OF COURT AND A WARRANT FOR MY ARREST SHALL BE ISSUED

Signature of Defendant (or Juvenile and Parent /Custodian) Date Signed

ADMIN

HOLD for other Agency Name:

☐ Dangerous ☐ Resisted Arrest ☐ Suicidal ☐ Other:

Intake Deputy I.D. # Pouch #

Signature of Arresting Officer: x

Arresting Officer (Print): Dis Pierre I.D. # 40901

Transporting Officer ID # Agency: PBSO

Name Verification (Printed by Arrestee) (PRINT)

Witness here if subject signed with an -X"

PAGE 1 OF 1

DISTRIBUTION: WHITE - COURT COPY GREEN - STATE ATTORNEY YELLOW - AGENCY PINK - AGENCY GOLD - DEFENDANT (N.T.A.'s ONLY)

PBSO #0148 REV. 04/22

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COURT LIAISON RECEIVED FEB 13 2023 9:30 AM

PROBABLE CAUSE AFFIDAVIT

OBTS Number:

1. Arrest 2. N.T.A. 3. Request for Warrant 4. Request for Capias: 3

Juvenile: N

ADMIN

Agency ORI Number: FLO 500000

Agency Name: PALM BEACH COUNTY SHERIFF'S OFFICE

Agency Report Number: 06- 23-030178

ChargeType: Check as many as apply. [ ] 1. Felony [ ] 2. Traffic Felony [x] 3. Misdemeanor [ ] 4. Traffic Misdemeanor [ ] 5. Ordinance [ ] 6. Other

Special Notes:

DEF

Name (Last, First, Middle)	Alias	Race	Sex	Date of Birth
BROWN IRA	SETH	W	M	03/18/1958

CHARGES

Battery (Domestic)	784.03(1a1)

VICTIM

Victim's Name (Last, First, Middle)			Race	Sex	Date of Birth
ROYS	SUZANNE	MARIE	W	M	11/12/1969

Local Address (Street, Apt. Number)	(City)	(State)	(zip)	Phone	Address Source
39 MANSFIELD A	BOCA RATON, FL, 33434			954-729-9008	FL DL

Business Address (Name, Street)	(City)	(State)	(zip)	Phone	Occupation
					UK

The undersigned certifies and swears that he/she has just and reasonable grounds to believe, and does believe that the above named Defendant committed the following violation of law.
The Person taken into custody

[ ] committed the below acts in my presence.

[ ] confessed to _____ admitting to the below facts.

[ ] was observed by _____ who told _____ that he/she saw the arrested person commit the below acts.

[x] was found to have commited the below acts, resulting from my (described) investigation.

On the JANUARY day of 27 20 23 at 1230 [ ] A. M. [x] P.M. (Specifically include facts constituting cause for arrest.)

PROBABLE CAUSE STATEMENT

[ ] **Marsy's Law CVI**
FL. Const. Art.1 § 16(b)

On January 27, 2023 at approximately 1230 hours, I responded to a domestic dispute incident at 39 Mansfield A, Boca Raton, FL, 33034.

I made contact with the complainant, Suzanne Roys. Suzanne advised me that on December 31, 2021 she was assaulted by Ira Brown who is now Suzanne ex-boyfriend. Suzanne said her and Ira was at the Mansfield Community pool where she resides. While at the pool Suzanne and Ira started arguing about what Suzanne was wearing at the pool. Suzanne said that Ira came up to her, pinch her right Breast and told Suzanne she's not allowed to wear low cut bathing suit at the pool. Suzanne said Ira kneed and kicked her repeatedly or her left leg. Suzanne said she attempted to swim away from Ira but Ira grab and pinch her left arm again which left bruises on Suzanne left arm. Suzanne provided photos of her bruising injuries which were put to evidence.

According to Suzanne Ira and her have been dating and was in an intimate relationship since 2021 but no longer together after the incident. Suzanne also has an Injunction of no contact against Ira since then.

Based on my investigation I found that Ira did actually and intentionally touch or strike Suzanne against the will of Suzanne and/or did intentionally cause bodily harm to Suzanne contrary to Florida Statute 784.03(1). (1DEG MISD)

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ADMINISTRATIVE

STATE OF FLORIDA
COUNTY OF PALM BEACH

_____ (ID #) 40901
(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 27 day of JANUARY 20 23 by D/S Pierre 40901

(Print name of Arresting/Investigative Officer), who is personally known to me and/or produced identification. Type of identification produced KNOWN LEO

_____
Notary Public, Clerk of Court, Officer (F.S.S. 117.10)

Palm Beach County Sheriff's Office

DOMESTIC VIOLENCE/DATING VIOLENCESUPPLEMENTAL PROBABLE CAUSE FORM

(Submit this form with the original Probable Cause affidavit)

Name (Last, First, Middle)

Suspect: BROWN IRA SETH **DOB:** 03/18/1958 **Case #:** 23-030178

Name (Last, First)

Victim: ROYS SUZANNE **DOB:** 11/12/1969 **Race:** W **Sex:** M

Relationship between Victim and Defendant: Boyfriend / Girlfriend

Photographs: Scene × Yes No Victim × Yes No Defendant Yes × No

911 Call: Yes × No **Caller:**

Weapon Used: × Yes No **Type:** Hands, Feet

Witness: Yes × No **Name:** (Last) (First) (Middle)

Victim Pregnant: Yes × No **If yes,** weeks months

Injuries: × Yes No **Description:** Bruises

Medical Treatment: Yes × No

At Scene: Yes × No **Paramedics:**

At Hospital: Yes × No **Hospital:** **Doctor:**

Are Children Living in Home? Yes × No **DCF Notified?** Yes × No

Name: **DOB:**

Name: **DOB:**

Name: **DOB:**

Injunction × Yes No **Case #:** 50-2023-DR-000470-XXXX-SB Effective 1/27/23

No Contact Order Yes × No **Case #:**

Alcohol or Drugs Yes No × Unknown

Prior History of Domestic/Dating Violence Yes × No

Defendant's Statements Yes × No **If yes,** written recorded oral

First words Defendant said when you responded to scene:

Victim's Statements × Yes No **If yes,** ×written recorded oral

First words Victim said when you responded to scene: Good seeing you.

Did the Victim contact anyone other than police within an hour of the incident regarding the incident?

Yes × No **If yes, name:** **phone:**

Observations of Victim (Physical & Emotional)

× Upset Crying Fearful Hysterical × Afraid Calm × Nervous

Complained of pain Other

Victim Contact Information: (Last) ROYS (first) SUZANNE

Local Address: 39 MANSFIELD A BOCA, RATO, FL 33434

Phone: 954-729-9008

Employer: (Name) UK (Employer Address)

Name of Relative: (Last) (First) **Phone:**

Address:

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